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ABSTRACT

The purpose of this module is to present a training experience for child care workers which focuses on the therapeutic aspect of their work--that aspect involving growth-stimulating experiences for the children. Programming is discussed in three ways: analysis of activities, therapeutic activity programming, and cottage programming. All three ways are discussed in terms of training objectives, time, setting, materials, background, the role of the trainer, small and large group activity, and use of lecture for training. Part I additionally covers the following aspects of activity analysis: uses of activity analysis, important aspects of activities, its relation to other concepts and fields, individual differences in children and activity planning, and group factors. Part II discusses the importance of play, minimizing and maximizing therapeutic stretegies, and developmental areas supported by such strategies. Part III discusses the therapeutic dimensions of daily cottage routines, the tasks embedded in everyday routines, transition times between routines, how to describe problems occurring within daily routines and how to handle them. The appendix includes a sample agenda of sessions for assessing training needs. (Author/SS)

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PROGRAMMING IN RESIDENTIAL CHILD CARE:

A TRAINING EXPERIENCE FOR CHILD CARE WORKERS

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SCHOOL OF SOCIAL WELFARE

UNIVERSITY AT ALBANY
CONTINUING EDUCATION PROJECT

PROGRAMMING IN RESIDENTIAL CHILD CARE:

A TRAINING EXPERIENCE FOR CHILD CARE WORKERS

WAYNE OUDERKIRK

SEPTEMBER 1979

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CHILD AND FAMILY SERVICES TRAINING UNIT
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Preface

To the Trainers -

To you, the trainers of child care workers, the length of this module may be forbidding. Time is of the essence in child care settings and a lengthy training experience requires lengthy preparation and delivery. None of the many hats that you are required to wear in residential child care is appropriate for the large blocks of time that this module appears to require. Before you close the book and decide that the material presented here is too lengthy or too complicated for your training needs, I encourage you - directors of residential child care services, supervisors, and others - to take a closer look at the format of this module.

First, the actual training described here is divided into three portions that you may be able to complete separately before you have to change hats again.

Second, a description of the training process (plus tips and earnest advice gained through experience) is included. This can be applied in any training situation on any topic. You will wear your trainer's hat with more confidence.

Third, the formats presented here are only proposals. While wearing your trainer's hat (or some other one), you may find a better, more appropriate way to deliver the same content.

INTRODUCTION

I. Purpose of the Module

- A. Intended Use
- B. Format
- C. Tasks addressed
- D. Learning objectives
- E. Trainer
- F. Teachings strategies
- G. Readings

II. The Training: Step-by-Step

- A. Assessment
- B. Preparation
- C. Delivery

I. Purpose of the Module

Programming exists in every child care setting. It is the organization of the day's events, from waking to bedtime, which constitutes the children's life experiences during placement. In this module, programming is discussed in three ways: analysis of activities, therapeutic activity programming, and cottage programming.

Because all children are seriously influenced by their life experience, the daily events in the child care milieu have significant growth value for children. Thus, in addition to the fact that a planned sequence will "get the child through the day," that sequence can become the occasion of positive growth and development for the children. The same holds for activities and games. Besides "keeping the children busy," such activities can be selected and used in ways conducive to growth and health.

Experience which enhances development is important for all children, whatever their situation. But children in institutions are in special need of such growth-stimulating experience. They have often been deprived of it in the past, and more and more of them arrive at child-caring agencies exhibiting signs of severe emotional disturbances. Theorists have long pointed out the benefits of appropriate programming for such children. For this reason, and because of its growth value, programming is here referred to as <u>therapeutic</u>: The day's events can be consciously used by child care workers to increase coping abilities, strengthen defenses, prevent frustration buildup, and increase frustration tolerance of the children.

It is the purpose of this module to present a training experience for child care workers which focuses on this therapeutic aspect of their work. New workers often are unaware of, and more experienced workers sometimes lose sight of, this significant dimension of their professional role.

Other purposes of activities or sequences of events are ignored herein. Many quite legitimate functions of program will be served if workers focus on utilizing schedules, routines, and activities for their therapeutic value.

In terms of conceptual content, there is nothing new in this module. The major points are based - at times obviously so - on the works of Redl, Wineman, Whittaker, and others. What is done here is to use their ideas in a training experience for child care workers. Naturally, the present author bears

responsibility for any mistakes and vagueness found in this module.

A. Intended Use

In general, the material in this module is aimed at child care workers with up to three years' experience. Although the material does not presume a lengthy experience, it does presuppose a familiarity with the general daily phenomena of child care. Thus, it would usually be inappropriate as a very early orientation experience. It is, on the other hand, a useful review for more experienced workers. Also, workers from other departments in an agency - e.g., social services, education, dietary, maintenance, and especially recreation departments of larger agencies - could profit from many of the ideas presented.

If the leader feels that the workers who will participate in training are more advanced than these materials, suitable adaptation can be made to up-grade the level of presentation. In this regard, the bibliography can be very useful. Advanced workers could benefit from a reading and discussion of the writings of Redl, Whittaker, and others on programming. Also, if such workers are participating with newer workers, the more experienced people can assist the trainer by doing such reading and by leading discussions, presenting ideas, etc. Such assistance is a learning experience for all involved, and that kind of participation by experienced workers lends support and reinforcement to the training.

B. Format

The module is divided into three parts. For the sake of adequate attention to the various aspects of programming, this division seems both logical and necessary. Although each part can stand on its own as a training session, the three should be used together, preferably in the order presented, to do the topic justice.

Each major part takes at least 90 minutes. However, I would urge trainers who are planning to use this module to allow about two hours for each part. It would be far better to finish early than not to finish at all, because the times given for each session and for each part of a session may vary. The third part, Cottage Programming, will definitely take longer than 90 minutes when the film Wake Up is used, but the extra time is extremely valuable in terms of stimulating discussion and thought. Although I realize that most child care departments

are hard-pressed for time, the benefits of using enough time for these sessions are worth the effort.

When the training sessions are separated by periods of time, the trainer may wish to supplement them with readings or assignments. This is a good idea, especially if such outside work is very practical and related to child care workers' job tasks.

C. Tasks Addressed

The skills and tasks of child care workers (CCWs) are many and varied. They differ from day to day and from setting to setting. But within this variation, there are also many constants - things which every child care worker must do. This module addresses a particular group of such constants. Whether the agency is large or small, whether it has a separate recreation department or no recreation resource beyond the group life-space, every child care worker is responsible for at least some of the activities of his or her group of children.

Participation in these training sessions will assist CCWs in selecting, planning, and evaluating the activity programs and routines they devise for the children in their care. If used on the level presented here, the material will start the workers on the way toward a sophisticated use of programming for various purposes. If supplemented or revised, this training will aid more experienced workers in their continued professional use of activities as therapeutic devices.

In addition, application of the principles contained in this module will aid child care workers in other professional tasks. Since activities can be used diagnostically, workers can become more attentive to behavioral signs occurring within the activities. Some activities can be therapeutic tools in themselves; workers can become more effective change agents through their use of activities. Since activities and routines can be supportive aids, workers using them well can better design their therapeutic milieu.

D. Learning Objectives

The learning objectives for each part of the module are presented at the beginning of each section. If individual trainers wish to emphasize other related ideas in their sessions, they must construct other objectives. It is important that such objectives be written in advance of the training. That way, the

objectives serve to focus the session for both trainer and trainees. Later, they help to evaluate the experience by answering the questions, "What were they suppose to learn?" and "Did they learn it?" and "Are they doing it differently now?"

One other point about learning objectives: for purposes of training, they must be written in behavioral terms. Training is intended to improve job performance. Whether training is effective or not can only be evaluated by observing what trainees do on the job. This performance must then be related back to the learning objectives. Obviously, the objectives herein must be related by the trainer to the particular setting of the participants. Trainers should consult Robert Mager's Preparing Instructional Objectives for help in designing objectives.

E. Trainer

It is presumed that the person using this module is responsible for some or all of the in-service training at a child caring agency. In order to utilize this material effectively, the trainer must be familiar with the goals of the agency, the type of children served and their abilities, as well as with the abilities and needs of the child care workers and other participants. All this knowledge will assist the trainer in deciding about the level and style of presentation - a crucial decision if training is to be accepted and used to advantage by all concerned.

F. Teaching Strategies

How a training session is actually delivered depends ultimately on the intentions and abilities of the trainer. However, various strategies need to be considered before selecting the most appropriate. For in-service training and for all adult education, departures must be made from the traditional educational format. Because adults bring a wealth of experience to the training and because in-service workers already possess some knowledge of the content, the sessions must be able to exploit that experience and knowledge.

Hopefully, this module is so designed. There is some lecture time allotted, but group discussions and tasks are emphasized. As a result, the leader must be able to use and relate all the contributions from such activities to the learning objectives. That is no small task; yet, it must be done if the training is to be effective.

G. Readings

Generally speaking, the trainer should be familiar with basic writings in child care and with some material on training. For this purpose, the following are helpful:

Redl, Fritz, and Wineman, David. The Aggressive Child. New York: The Free Press, 1957.

Trieschman, Albert E., Whittaker, James K., and Brendtro, Larry K. The Other 23 Hours. Chicago: Aldine Publishing Company, 1972.

David, Paul. A Guide to Training in Human Services. Seattle: Northwest Social Systems, Inc.

Mager, Robert F. Preparing Instructional Objectives. Palo Alto, California: Fearon Publishers, Inc., 1962.

II. The Training: Step-by-Step

A. Assessment

First, the leader must learn what the participants know and need to know. This is essential in determining the level of the training. Of course, the probability is that the leader and the participants work at the same agency. But this may not always be the case. Whatever the situation, some assessment must be done before training. Two of the possible techniques of assessment are:

1. Design and administer a pretest based on the content of the module. For this purpose, the group exercises and individual assignments can serve as good models. But, to allow for some variation, it is not advisable to use them without modification.

2. Solicit input from the participants. This can be done at a preliminary session prior to the actual training. At such a meeting, participants can provide a great deal of information about what they know and need to know. Models of assessment sessions are found in the appendix.

B. Preparation

Each part of this module is predesigned for the leader's use. However, there remain other parts of the design which must be worked out by the trainer.

1. First of all, there is the question of schedule. When will the training be given? Will it be for 1 1/2 to 2 hours on three afternoons in three successive weeks? Or will it be given in three sessions at a day-long workshop set aside for this purpose? Basically, the question of schedule is determined by the agency's training and work schedules, but it must be planned well beforehand.

2. A related problem for the trainer is the length of the sessions. To repeat, the first two parts are at least 1 1/2 hours in length; the third a bit longer. But small group activities and discussions have a way of running longer than scheduled, and trainers would do well to have a cushion of time planned as a reserve.

3. As pointed out earlier, each part of the module has a set of learning objectives. Trainers must be clear about them and about any other objectives they wish to include.

4. The trainer must select which activities and strategies will be used. Those presented here are suggested because they form cohesive units, but trainers should feel free to design their own sessions based on these designs.

5. Who will deliver or lead the training sessions? The person organizing the program need not deliver each session. Is there someone else at the agency with a particular interest or skill in one or more aspects of the topic? Is there someone available from outside the agency who could be an asset in delivering the training? Those who will lead the training must be contacted well in advance and must be well informed as to the overall purpose and design of related segments as well as to their role, job, or function.

6. What facilities, equipment, and materials are needed? Are available? As child care workers know, the physical setting of an activity can be as important to success or failure as the activity itself. The same principle holds for training. Naturally, the coordinator must work with what is available; but where there is a choice, the best place should be used. Relevant considerations here are size (e.g., enough space for smaller groups to function but not so large as to distract from the training); lighting; comfortable seating; projector and screen (or clear wall) for movies and overheads; and films for training use. For small groups, a table, moveable chairs, large easel-type paper, markers, etc., are often used. Many trainers use the materials on overheads as handouts. These and other matters must be prepared ahead of time. The three parts of the module list the basic materials required, but leaders must supplement those lists with things they will include.

7. Participants and others concerned (e.g., supervisors who may have to release workers) must be notified in advance about the time and place of the training. In this regard, someone with an ability to communicate enthusiasm to others can be asked to inform participants, rather than using an impersonal memo to do the job.

C. Delivery

Do it!

D. Evaluation

As with all in-service training activities, the proof of this one will be in the pudding. Supervisors of workers receiving this training are well advised to be conversant with the materials presented. They are also well advised to know what their workers need to know. Then they can evaluate whether the participants have understood and are using the training by observation of on-the-job performance, which is what this package is all about. Such knowledge and evaluation can make a large contribution to the supervisory process, which is often concerned with professional improvement for better treatment of children. The use of the knowledge and skills presented in this module

can become an agreed upon goal between workers and supervisors. When that goal is accomplished, the goal of the module will be achieved.

Part I: Activity Analysis

Objectives: To provide child care workers with a method of analyzing the activities they use with the children in their care.
To give practice in using this method.
To stimulate their thinking about the goals, functions, and use of activities.

As a result of this session, participants will be able to:

- Describe any children's activity using the six activity setting dimensions discussed.
- Perform a written analysis of any proposed children's activity.
- List the purposes of analyzing activities.
- Use activity analysis in planning for the children in their care, both individually and as a group.

Time: At least 90 minutes.

Setting: Space is needed for small groups to work separately and to sit comfortably during the lecture.

Materials: Mimeographed handouts for small group exercise.
Easel pad, magic markers.
Overhead projector, overheads.
Mimeographed handouts (outlines from overheads, assignments, readings, etc.).
Blackboard, chalk, eraser.

Background: This session assumes and utilizes a child care worker's experience in choosing activities. Thus, it is not a good session for workers with no experience. Activity analysis is not a procedure to be used every day in child care. It is useful as background knowledge for everyday practice, as an exercise, as a device to analyze particular successes and failures in programming, and as a help in designing treatment plans.

For complete discussion of the ideas presented in this section, the trainer should consult:

Redl, Fritz, and Wineman, David. The Aggressive Child. New York: The Free Press, 1957.

Whittaker, James K. "Program Activities," The Other 23 Hours by Trieschman, Albert E., Whittaker, James K., and Brendtro, Larry K. Chicago: Aldine Publishing Co., 1969.

Vinter, Robert D., "Program Activities: An Analysis" of Their Effect on Participant Behavior." Readings in Group Work Practice. Edited by Robert D. Vinter. Ann Arbor: Campus Publishers, 1967.

After this session, the trainer can refer the workers to these and other suitable readings.

Training Session: Activity Analysis

Design and Summary	Time
A. Introduction	
Trainer explains the purpose of the session (see Objectives and Background), stressing that the participants already have knowledge of the topic. The session will help supplement and organize that knowledge.	5 min.
B. Small Group Activity	20-30 min.
The purposes of this activity are to relax the participants, stimulate discussion and participation, and provide stimulus for the large group discussion which follows. The case examples for this exercise are printed at the end of this section of the module.	
The trainer explains the tasks of the small groups (see sample handout , p. 30) and divides the group into subgroups of 4-5. The division should be random (e.g., "Count off by three's or four's") so that it does not reinforce insular groups (e.g., recreation	

department all sitting together, Cottage A staff together, female counselors all together). A good mix of people makes for more stimulating discussion. Each group should be given large, easel-size paper and markers to record their findings. They should be told to record their answers so they can report them to the whole group. The subgroups gather separately, receive their case examples, and begin work on them. The trainer circulates among the groups, trying to keep them on target and encouraging them to follow the tips for effective groups (see sample handout, p.30). After enough time has elasped, the trainer reconvenes the large group.

C. Large Group Discussion — 15 min.

Using the assigned questions as a discussion guide (p. 31), the leader elicits discussion of the small groups' findings, questions, etc. This discussion should yield some of the points brought up in the lecture.

D. Lecture — 25 min.

If the leader is comfortable with an informal style, the points of the lecture can be covered, and the related overheads used, in the context of a give-and take-discussion like the one in Section C. If so, the actual lecture is avoided while its content is used. If not, the sample lecture on p. 18 may be used as the basis of the talk.

A lecture organizes the results of both the small and large group discussions by filling in gaps, clarifying the purposes of activity analysis, and by briefly relating the subject to the other two parts of the module.

A handout based on the overheads may be distributed at whatever point the leader decides.

		Time
E.	**Final Activity**	20 min.

One possibility is to provide participants with examples of activities and to have them analyze it, individually or in small groups. A sample form for this is provided on p. 34 . The group then reconvenes after a brief time (5 min.) and discusses the analyses. Another possibility is to use the time for a feedback exercise which provides evaluative data for both trainer and participants. An appropriate exercise would be to ask participants to take a few moments to list things they learned or rediscovered during this session. Then, they can voluntarily share with the others what they have written. The trainer may have to coax someone to start, perhaps by sharing some of his or her own learning which resulted from the session. Emphasize that the learnings should relate to the participants themselves and their attitudes about activities. If desired, discussion can follow.

If this exercise is used, the trainer may want to give an assignment. He can hand out forms for participants to use in evaluating activities they actually use between training sessions. They can bring up problems to the trainer privately or at the next meeting, if there is enough time. If there are many problems and uncertainties, the trainer may have to schedule a short session between Parts I and II of this module to clear them up. It's best to settle such issues before proceeding, and the same holds true for issues arising from the other parts.

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85 - 90 min.

20

Activity Analysis: Resource Paper/Sample Lecture

I. Introduction

   A. Purposes of session
   B. Uses of activity analysis

II. Important Aspects of Activities

   A. Physical movement
   B. Competency
   C. Degree of interactiveness
   D. Reward structure
   E. Prescriptiveness
   F. Controls

III. Relation to Other Concepts and Fields

   A. Treatment
   B. Child development
   C. Assessment

IV. The Children

   A. Skill
   B. Motivation
   C. Internal controls

V. The Group

   A. Stage of development
   B. Type
   C. Mood

VI. Other Factors

VII. Samples

VIII. Conclusion

Introduction

Activity analysis goes on all the time in child care. Workers silently or verbally evaluate the locations, sequences, and appropriateness of their planned activities. Since that is true, a natural question arises: "Why have a training session on something child care workers already know how to do?"

[OVERHEAD I - 1]

There are several reasons for this session. One reason is to present activity analysis as an organized, systemized technique. Often, child care workers function on intuitions. Some workers' intuitions are better than those of others, and some days even the best workers' intuitions are no good at all! While there's nothing wrong with intuitions in themselves, an organized, theoretical framework can strengthen use of intuition considerably. Thus, the analysis we're going to do can go a long way toward organizing intuitions.

A word of caution, though. An analysis like this is not an everyday tool of child care practice. If you tried to figure what activity to have when suddenly confronted by an empty time slot, you'd be in a lot of trouble. This bit of knowledge functions supportively, not directly, in this sense.

Another reason for this kind of analysis is as a practice device. On-the-job decisions have to be made so quickly that a full analysis is naturally impossible. But in a training situation, we can take all the time needed to single out and consider all the relevant features of an activity. Practice is another supportive function of this analysis.

Knowing how to evaluate an activity can also have more immediate functions. All of us have had the experience of an expected program success disintegrate before our eyes; and many of us have seen our children thrive on some activity that we anticipated with dread. Activity analysis can help us to find out why.

An even more important direct use of activity analysis is in treatment planning. In considering what strategies to use with individual children in order to achieve the goals of a treatment plan, program activities are a vital area. What a child does in a game, how he does it, and how he changes or

grows through the game are terribly important parts of a child's stay at an institution. When designing a plan for a child, evaluating activities gives a child care worker a solid start in his or her part of that child's therapy. Later, revisions can be made, using the same device.

To sum up, the functions of activity analysis are important elements of child care practice. Now that we've briefly discussed these functions, let's look at the elements of activity analysis.

Important Aspects of Activities

Activity analysis means taking a look at the various elements of any activity or game with the children you work with to determine its appropriateness.[1]

[OVERHEAD I - 2]

One element of activities that every child care worker is aware of is the amount of physical movement involved. Is the activity one which allows or requires a lot of moving around, like tag; or does it discourage moving around, like checkers? At times, we want activities with a lot of movement for a particular child or group of children; other times we don't. It's that simple, but the degree of movement involved in an activity can make us decide to forget about or include a particular activity; it can determine when and where we use it; and it can determine who can and who cannot participate when we do use it.

A second factor involved in choosing activities is the minimum level of competency needed to play. Here we're talking about the ability to participate, not the ability to win or to excel. What is important to consider here is the question, "Is Johnny able to play this game?" We cannot select activities for a child which he is completely unable to do. He has to build up competence and experience first. And the same holds for a whole group of children.

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1 The following is based on the account given by James Whittaker, "Program Activities", in The Other 23 Hours, Albert E. Trieschman, James K. Whittaker, and Larry K Brendtro (Chicago: Aldine Publishing Company, 1969).

Another point to be singled out about activities is their degree of interactiveness. By this I mean, how much do the participants have to interact while involved in this game, and how much can they interact? At times, we want to minimize interaction. If we want a child with poor social skills to improve, we don't first thrust him into a complex team activity like basketball. First, we might want to expose him to a less challenging activity, perhaps a card game with us or a game of catch. Later, we can build his skills to the point of playing basketball.

Of course, child care workers are well aware that for emotional reasons some children cannot afford to lose a game. This fact focuses attention on the reward structure of games and activities. What rewards are involved? How many? How are they distributed? Who distributes them? Children with low levels of motivation need activities involving many and frequent rewards; some groups of children have all of the requisite ability to play competitive sports, but because a football game, for example, is a win-lose situation, they are not able to derive much benefit from the stress of competition. They have to grow toward that achievement, and child care workers can aid in that growth by using activities with the right reward structures.

There are two other aspects we must examine in analyzing an activity. The first is how prescriptive the activity is; that is, how definite and precise does someone have to be in order to play the game? An example will clarify this dimension: In order to play chess or baseball, the participants have to play in certain definite ways. The way each portion of the game is played is dictated by the game itself. On the other hand, playing the card game Spit or playing tag does not require such precise, definite actions. When considering an activity, we have to think about how definite a participant's actions have to be. Some of our children just can't engage themselves in a highly prescriptive game.

The last activity dimension is related to prescriptiveness. It is the nature of the controls of the activity. In other words, what kind of rules are needed and involved, and how are they used? Some games require a referee, some do not; some activities are highly formal, like making a leather coin purse; and some are informal, like finger painting. These are the dimensions of control to which child care workers must attend in choosing activities.

Relation to Other Concepts and Fields

Obviously, this description of the dimensions of an activity is brief and sketchy. Later on, this description will be made clearer when we use it to evaluate some activities. But now it's important to note that this analysis is related to some very interesting and significant ideas. For example, one can think about the physical movement an activity requires in a very specified way and can apply it to the degree of motor coordination a child possesses. Then, activities can be planned for that child to help him develop the motor skills he needs. In this way, activity analysis is related to the study of normal and abnormal child development as well as to the nature of play and its role in child development. Thus, activity analysis is hardly a small, unimportant, isolated bit of knowledge. It is directly related to the knowledge of the children we care for, whom we hope to help grow.

The Children

The children themselves have to be counted in an activity analysis. We don't choose an activity just for itself; we choose it for a child or group. So the child and the group are equally important aspects of planning a program. If we individually consider the children who will be involved in an activity, or if we plan an individual's treatment, we need to look at at least three things:

1. Skill - We can go into all sorts of technical discussions about this, but basically we're asking: "What can he or she do right now?"

2. Motivation - How willing is the child to join us? Of course, this also bears on the relationship between the CCW and the child. The right reward structures can help workers involve children with low motivation.

3. Internal Controls - How self-controlled is the child? Naturally, this relates to the controls the game has. In a later session, we'll discuss the question of developing and challenging controls.

The Group

Finally, we want to examine group factors.

1. Group Development - Is the group loosely related or

highly developed? Are there definite leaders, subgroupings, etc.? It is clear that on this level, activity planning relates to group dynamics.

2. Type of Group - Is this a group of children of different ages, sexes, abilities, etc.? Or are the children very similar in regard to their individual characteristics?

3. Mood - How does the group "feel" today? This factor might cause us to change plans at times, or at least to be more cautious in choosing particular things to do. Most child care workers are aware of this intangible factor already.

Other Factors

Naturally, there are other things involved in activity planning. Child care workers know that they must be aware of the timing of activities. This timing includes both the length of the activity and the sequence. "How long or short is it? Do I have enough time for it? What do we have to do after it?" are questions related to this factor. Most of us find out quickly that basketball is not the best thing just before bedtime.

Where will we have this activity? The location and its characteristics - the amount of space, obstacles, aids, lighting and so on - are very important for successful planning.

What do we need in order to use this activity? That is, the materials required for a successful program must be considered. Also, we have to decide if there are materials involved which might be too sophisticated or seductive for our kids. Will they really work with the clay or will they throw it around?

Such questions refer us back to the various dimensions of the activity itself.

Examples

Let's take a look at four activities, using the activity dimensions discussed earlier. We'll take two indoor, sitting-down-type games - checkers and Monopoly - and two outdoor activities - baseball and swimming. We will use the ratings "Low," "Medium," and "High" to indicate where the given activity falls with respect to the given dimensions.

[OVERHEAD I - 4]

Taking the dimensions in a different order, we would wind up with:

	Checkers	Monopoly	Base-Ball	Free Swimming
Prescriptiveness	Medium-High	High	High	Low
Controls	High	High	High	Low
Physical Movement	Low	Low	Medium-High	High
Competency	Medium	High	High	Low
Interaction	High	High	High	Low
Rewards	Medium	Medium-High	Low-Medium	High

[Note to trainer: There may be some confusion and disagreement here. The confusion is more significant and must be dealt with. People can mistake "low" and "high" in this scale to mean "not recommended" and "recommended." This is not what is meant. The ratings relate solely to the dimensions and not to any implied endorsement or criticism. Thus, there are many times when a CCW will seek an activity with a "low" rating in one or more dimensions. This point must be made crystal-clear in presenting the chart.]

I have to stress that these dimensions must be used in conjunction with a knowledge of your children, individually and as a group. A group with a low degree of self-control should not become involved in a game like baseball. Similarly, an individual with poor motor coordination would do better at free swimming than at basketball.

Conclusion

This, then, is what we mean by activity analysis. We've gone over the reasons for doing it, one way to actually perform it, and some examples. Also, we've seen that it relates to some important themes in child and abnormal psychology and to treatment plans and how it can help child care workers in their everyday job of providing activities.

In the next session, we'll talk more about the use of activities as part of the total therapeutic process.

(The trainer then goes on to the final activity of the session. See p.16)

28

OVERHEAD I - 1

USES OF ACTIVITY ANALYSIS

- an organized foundation for on-the-job decisions

- a practice device

- an evaluation tool for success and failure

- a part of treatment planning

OVERHEAD I - 2

Activity Analysis

1. Amount of physical movement - Does the game allow for a lot or a little?
2. Minimum level of competency - to participate, not to win.
3. Interactiveness - How much does the game require? permit? encourage?
4. Reward structure - What rewards does participation offer? How many? Who distributes them? How?
5. Prescriptiveness - How does the game limit action?
6. Controls - How many rules does the game have? How complex are they?

OVERHEAD I - 3

Individual Factors

Skill - What can the child do now?

Motivation - Will the child play?

Internal Control - How self-controlled is the child?

Group Factors

Group development - How "together" is the group?

Type of group - Mixed ages? sexes?

Group mood - Up or down?

Other Factors

Timing - length, sequence, stopping

Place - What's available? Is it appropriate?

Materials - What's needed? Do you have it?

Can you get it?

OVERHEAD I - 4

	Checkers	Monopoly	Baseball	Free Swimming
Prescriptiveness	Medium-High	High	High	Low
Controls	High	High	High	Low
Physical Movement	Low	Low	Medium-High	High
Competency	Medium	High	High	Low
Interaction	High	High	High	Low
Rewards	Medium	Medium-High	Low-Medium	High

Other Materials for Part I

Activity Analysis: Small group exercise for beginning of session

Note: The trainer should give each small group one case to work on. Each subgroup may have a different case or all may have the same one. Ideally, each participant should receive a mimeographed handout with the "purpose, tasks, and tips," the case example, the questions, and the space for writing notes. The following is a sample handout with one suggested case; other cases follow on a separate sheet. Different cases illustrate different issues. Be sure to read the directions for this activity in the Design and Summary section (p. 14).

Sample Handout

Activity Analysis: Small Group Exercise for beginning of session (see p. 14).

The purpose of this exercise is to focus attention on the various components of activities that can influence their success or failure and that are important therapeutic factors.

The tasks of your small group are:

1. To examine the case example.

2. To respond to the questions given.

3. To report your findings to the whole gathering.

Tips for effective small groups:

- Don't get hung-up on the "unknowns" of the case (e.g., "How many counselors are on duty?"). There's enough information to respond to the questions.
- Stick to answering the questions first. Then, if the group has time, you can discuss related issues. There is enough time for related issues, but not if you ramble and talk around the issues.
- You need someone to record the group's findings and to report those findings back to the large group. Don't be shy; everyone's nervous.

Sample Handout (p. 2)

Activity Analysis: Small Group Activity

Jack, the new counselor, began a softball game after school. Twenty minutes later, the third baseman was trying to tag out a base runner in centerfield, the batter was trying to smash the pitcher for trying to bean him, and the other boys on the team at bat were playing tag.

Questions:

1. What happened? That is, what went wrong with the planned activity? List as many things as you can that might be wrong (or right) with this situation from a CCW's standpoint.

2. Why do you think these things went wrong? What might be some of the causes for this failure?

3. What could be done to prevent such failures in the future? Try to generate as many ideas as you can.

(There will be overlap in some of your answers; that's expected.)

Activity Analysis: Small Group Activity

Additional Sample Cases:

Juan is an athletic fourteen-year old who came to the home two months ago. The counselors in the reception unit recognized his ability in basketball and recommended him to the coach for the home's team, which was in a tight race for the lead in an area schoolboy league. In each of the next three games Juan was ejected for fighting, and after the games, he was involved in several fights with teammates. The coach finally had to drop him from the team.

Coleen, the girls' evening counselor, began a cooking program as the cottage's Thursday evening activity. At first, the girls (ages 11-16) responded well, but soon she had to cancel the program because the girls increasingly chose to go with the other counselor to open-gym night.

One of the girls' (ages 12-18) favorite indoor game was Sorry! Since they would play this for hours on end, the staff decided to purchase more table games. The first new one, Monopoly, was tried. After a week of using the game, the staff decided to cancel their effort at adding games because of the constant fighting and teasing surrounding the game.

A Halloween contest for decorating is coming up in two weeks. Each unit is allotted $10 for materials to use in decorating. No unit is allowed to spy on other units, since competition includes the judge's decision on originality, etc. Judges will also be considering the amount of total group involvement. The cottage that wins the contest for decorating will get a free pizza dinner at a restaurant of their choice. Only 2 kids out of the 12 in the unit appear interested in working on this project, since there are tournaments - intramural table tennis, pool, and darts - going on between units.

The 12 boys (ages 8-13) in the cottage typically returned from school at 3:00 p.m. On a rainy Monday afternoon the counselor carefully planned an arts and crafts activity which he knew was a favorite of the group. He had scheduled to use the arts and crafts room from 3:15 - 4:15. At 3:10 he got his group ready and went to the craft room. Group acting-out developed quickly, and the counselor had to spend 20 minutes settling the group down before they could get any work accomplished. No one finished his project, and the group went to supper disgruntled and sullen.

One winter Saturday afternoon, Al's group of boys (ages 10-13) really got involved in dodgeball. They played from 1:30 to 4. That evening supper was marked by constant teasing and bickering; when it got bad enough to separate the group, Rich, the group scapegoat, was blamed and attacked by two other boys who then had to be restrained.

Note to the Trainer:

During the activity, you may have to circulate among the groups to be certain they are sticking to the point. This will prevent the large group from having to deal with tangential or irrelevant problems. It focuses the groups and eliminates questions, such as "How many other counselors were on?" and "What kind of children are these?" There should be enough information in the examples to answer the questions and stimulate discussion without getting hung-up on such minor questions.

Although it is difficult to anticipate exactly what will come out of your small groups' discussions, it will be very helpful to you if you can anticipate some responses. It is essential that you somehow use whatever does emerge to direct attention toward the concepts presented in the lecturette and in other parts of the module.

For question #1, as it applies to the case given in the sample handout (p. 2), some answers you might receive are:

1. There wasn't enough supervision.
2. The kids weren't ready to play.
3. The kids didn't know how to play.
4. The worker didn't know how to control the kids.
5. The kids didn't like the counselor because he was new.
6. The game was just too structured for them.
7. The kids were fighting.
8. The kids were running around.
9. The CCW didn't plan it right.

Now, many things can be said of these and other responses you will get. If you can use each of these to help the workers see that they have useful, valuable knowledge about activities and that the session will "organize" or "reorganize" or "add to" that knowledge, you will have gone a long way toward creating a climate for openness, learning, and constructive questioning.

Some possible responses to question #2 in the same case are:

1. The kids were in a bad mood.
2. The kids weren't ready for the activity.
3. There wasn't enough structure.
4. There was too much structure.
5. The group couldn't handle the game.
6. The group wasn't "together," or unified enough, to play the game.

Again, these responses are possibilities. What you want to look for is how you can use everything you get for the benefit of the participants' training.

For question #3, workers might say:

1. Have more counselors at the game.
2. Plan the game better.
3. Use other activities until they're ready for baseball.
4. Add more rewards to the game.
5. Lock up the baseball equipment for two days.
6. Change the game around so it's simpler or easier.
7. Take away dessert as a punishment for the group.

All these and other possible responses have to be utilized in the discussion to prepare the way for the lecture materials.

You can use questions 1-3 as your discussion-guide questions. Also, to get closer to the responses that you want, you can ask participants to explain their answers; e.g., "What do you mean, they weren't ready for the game?" "Were they too immature?" Leading questions and rephrasing of responses can help you get where you want to go with your discussion.

Activity Analysis - Sample Form for final activity, Part I or for assignment

ACTIVITY	PRESCRIPTIVENESS	CONTROLS	PHYSICAL MOVEMENT	COMPETENCY	INTERACTION	REWARDS
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Part II: Therapeutic Programming

Objectives: To increase CCWs awareness of the therapeutic function of program activities.
To explain this function and how to accomplish it.
To stimulate CCWs to evaluate their own use of the program and to change if change is needed.

As a result of this session, participants will be able to:

- Define or explain therapeutic programming.
- Explain the two general strategies of therapeutic programming.
- Write a plan for a therapeutic program for an individual. The plan will include a listing of the relevant activity-setting dimensions and an explanation of why they are included.

Time: At least 90 minutes

Setting: Space is needed for small groups to work separately.

Materials: Mimeographed handouts for individual and small group exercises.
Easel pad, magic markers.
Overhead projector, overheads.
Mimeographed handouts (from overheads, for assignments, etc.).
Blackboard, chalk, eraser.

Background: This session also assumes and uses child care workers' knowledge and experience about activities. It is an attempt to explain therapeutic programming and to convince CCWs to use activities therapeutically. Ideally, the principles expouded would be used by the workers in choosing activities.

For complete discussion of the ideas presented in this section, the trainer should consult:

Redl, Fritz, and Wineman, David. "Programming for Ego Support." The Aggressive Child. New York: The Free Press, 1957.

Whittaker, James. "Program Activities." The Other 23 Hours by Trieschman, Albert E.; Whittaker, James K.; and Brendtro, Larry K. Chicago: Aldine Publishing Company, 1969.

VanderVen, Karen Dahlberg. "Activity Programming." Child Care Work with Emotionally Disturbed Children by Foster, Genevieve W; VanderVen, Karen Dahlberg; Kroner, Eleanore R; Carbonara, Nancy Trevorrow; and Cohen, George M. Pittsburgh: University of Pittsburgh, 1972.

Therapeutic Programming

Design and Summary	Time
A. Review and Introduction	5-10 min.

The trainer reviews Part One by using Overheads I-1 to I-4. He then gives a brief introduction to Part II, again pointing out that the workers already know and use some of the principles of therapeutic programming in their daily practice. The session will further that knowledge and use.

B. Individual Exercise — 40 min.

The purpose of the activity is to demonstrate further that choosing activities requires much thought. Also, it is designed to orient the workers toward the kinds of principles discussed in the lecture. This activity is based on a values-clarification exercise called "Rank Order."[1]

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[1] Sidney B. Simon, Leland W. Howe, and Howard Kirschenbaum, Values Clarification: A Handbook of Practice Strategies for Teachers and Students (Hart Publishing Company, 1972) Used by permission

Because of the attitudes involved, it can be a powerful tool and has to be used very deliberately. The discussion that follows should be a lively one as the workers talk about their choices.

Directions

Explain that you are handing out a sheet of questions that will require an examination of values and attitudes concerning activities and that will focus attention on the principles of therapeutic programming. Each question will give several alternatives; the job is to rank order these alternatives according to their own preferences (e.g., 3, 1, 2). Several points must be clarified here:

1. There are no right and wrong answers for these questions, since they involve values.
2. For this exercise, the choices are deliberately limited to only those given. In real situations, there may be other alternatives, but for now, participants are asked to imagine otherwise.
3. No one has to reveal his/her responses. Only voluntary responses will be used in the subsequent discussion.
4. Because answers may be kept private, and because this exercise is also for their own personal growth and professional development, encourage participants to be as honest as they can in responding. That is, they ought not to choose the answer that will please the trainer or the others in the group.

After a few minutes (10), the trainer calls upon several participants to give their rankings for question #1, which they can do quickly. Anyone called upon must be allowed the option to pass. Discussion, including explanation and defense, follows after several have given their choices.

Chances are you may not finish discussing the whole list. Completion is not as important as having the trainer direct the discussion toward the principles of therapeutic programming; lively discussion and deep consideration are equally important. This is done by asking leading questions and rephrasing. Another effective way to do this is to explain some of your own rank ordering of responses.

The questions for this exercise are on p. 54 and a discussion follows them. An alternative to the rank ordering is to design a handout similar to that given for the exercise in Part I. In it you should include an example for each group to work on. The sample should contain an example of activity programming gone awry because the CCW failed to consider or needed to discover some therapeutic principle. Questions can be included for the groups to respond. Time-wise, this kind of exercise can be divided into two 20-minute halves; 20 minutes for the small group to work and 20 for large group discussion. Select your small groups randomly (see pp. 14-15). Remember that you can vary, alter, or create these small group experiences if you wish.

C. Lecture 20 min.

Again, the question of a formal lecture vs. informal, give-and-take presentation is one which must be decided beforehand by the person delivering the training session. Subject matter may be presented in a variety of ways, one of which is the lecture format.

As in Part I, the lecture is an organizing technique that uses the results of previous discussions. At the same time, it adds to the existing, accumulated knowledge the participants possess and relates all that to the other parts of the module and to the more specialized, related disciplines.

D. Individual Exercise 20 min.

This activity is designed to elicit the skills necessary to apply the principles of therapeutic programming. In it, one-half of your participants will work on designing an activity program that meets the therapeutic needs of a specific child, the other half designs a program for a group of children. The sample materials for these handouts begin on p. 58. Due to the small amount of time allotted for this, you may choose to lengthen the session in order to allow sufficient time for discussion or may ask participants to give you feedback afterwards (before the next session); or you may offer to review anyone's response with them in order to provide them with feedback on their designs. Also, completion of the exercise can be viewed as an assignment. Explain that there are no right/wrong responses, but there are important ideas to consider. Also, their task is to "design an activity program." By "activity program" we mean a list of activities, games, etc., that a CCW could begin with to try to aid the child or group in question and the reasons those activities are chosen over others. Participants should understand that the assignment is not easy or simple, but that it calls for their professional talents and expertise.

A variation of this exercise that brings the training right to the workers' immediate attention is to have each workers design an activity program for a child with whom he/she is currently working.

90 min.

Therapeutic Programming: Resource Paper/Sample Lecture

I. Introduction

A. Importance of play
B. Therapeutic programming defined
C. Significant consequences

II. Therapeutic Strategies: Minimizing

A. Described
B. Protested
C. Explained

III. Therapeutic Strategies: Maximizing

A. The concept
B. Relation to minimizing
C. Consequences of these strategies

IV. Developmental Areas Supported

A. Ego support
B. Self-expression
C. Self-esteem
D. Social skills

V. Conclusion

Introduction

Generally, we can characterize the children who come to child-caring agencies as having deficits in their development. One of the more obvious deficits is in their intellectual achievement. Most of them, for example, read at a level far below their counterparts in the community. However, schoolwork is by no means the only deficit these children have. We also see children who either have not had the experiences to help them properly develop socially and emotionally or who have developed in these areas in a way we could call abnormal. The results of these deficits are the acting-out, or negative, or uncontrolled behaviors we see as child care workers.

It is generally agreed by psychologists that play functions in an extremely important way in children's development. Although we will not discuss this function of play in detail here, it is important to note that play is not really amusement or recreation in the adult sense. Rather, it is one way that children master tasks and abilities they need to function in their environment. Thus, play is a significant aspect of a child's development.

From these considerations we can see that the careful use of play activities can provide children in child-caring agencies with the experiences that can help them overcome the deficits we referred to above. If we know the child or children well, we will be aware of his or her strengths and weaknesses. With that knowledge, we can select the right combination of activities for that child. By "right" combination, I mean that set of activities that will help reinforce and increase strengths and at the same time stimulate growth and development in the weaker areas. This, briefly put, is what we mean by therapeutic programming.

Before we move on, note several important points:

1. The children to whom we are referring here are <u>not</u> mentally retarded. Although some of the points we discuss might apply to work with retarded children, we are concerned with the so-called emotionally disturbed and dependent/neglected children we see in our kind of agency.

2. The description of therapeutic programming we've mentioned could be more developed and refined, but we won't have a chance to do that in these training sessions.[1] But we at least have a working definition.

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[1] The trainer can refer here to the works listed on p. 40 or in the bibliography

3. If you recall the discussion of activity analysis, you might already have noticed that analyzing activities is a part of therapeutic programming. If you look at the activity-dimensions [OVERHEAD I - 4], you can see that they are very important bits of information in planning a set of activities to help a child grow emotionally, socially, etc. That is, they contribute to therapeutic programming.

4. Thus, therapeutic programming relates to the treatment plan for individual children. It is part of the professional, therapeutic role of child care workers.

5. Because activities are part of treatment, and because play is essential to growth for all children, participation in the program is a right the children have, not a privilege or reward. This raises issues which go beyond our present purpose (e.g., what to do with a child who's acting out before an activity), but it is a definite consequence of viewing activities as therapeutic tools.[2]

Therapeutic Strategies: Minimizing

Basically, when we talk about therapeutic programming, we're talking about two general strategies: minimizing problem-causing situations and maximizing growth-stimulating activities. We'll now take a look at each of these in turn. As you will see, they are really two sides of the same coin.

You already know that there are some situations that the children, either individually or as a group, cannot handle. When they're in these situations, they tend to lose control of themselves; they get overly loud or overly aggressive - incapable of participating in whatever it is that's supposed to be going on. By setting up an activity program that avoids those situations, we are implementing a part of therapeutic programming. This is something child care workers discover very quickly when the reaction of the children is obvious or extreme.

But when this idea is presented formally as "minimizing difficulties" or as "avoiding problem areas," some workers protest. "Isn't that," they ask, "just protecting the kids in a very unrealistic way? And if we protect them in that way, won't

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2 James Whittaker, "Program Activities," in The Other 23 Hours by Albert E. Trieschman, James K. Whittaker, and Larry Brendtro. (Chicago: Aldine Publishing Company, 1969), p. 102.

they be likely to fail when they return to the community? We'd be preparing them to return to the safe institution and not for permanent community life if we treated them that way!"

This protest is an important one that is answered in two parts. The second part of that reply will be discussed later. For now, I'll say this:

Minimizing problems for the children is not the same as protecting them from the more unpleasant parts of life. They come to us, to child-caring agencies, because of those gaps or deficits in development we talked about earlier. Even the child whose "only" problem is parental neglect has special needs when he comes because parental neglect has serious psychological consequences for the child. Thus, if we didn't help the child avoid some problem areas, we wouldn't be functioning as a child-caring agency; we'd be almost duplicating the previous environment, and any help we could offer would be eliminated. In this regard, it is therapeutic for a neglected child, for example, to have supervision in his activities. Supervision relates to the dimension of controls over activities we looked at last week, and having it minimizes the situations in which a child can be destructive, and so on.

[OVERHEAD II - 1]

But so far I've only looked at the strategy itself. The important part is its consequences. What a child care worker will aim at in minimizing problem areas is building up, accumulating positive experiences. Our kids come to us with all sorts of problems at home, or with emotional problems, or with socialization problems; but one thing most of them seem to have in common is a lack of positive experiences. Some of them have had such bad experiences that nothing you can offer them leads to positive expectations. That's the extreme, but I think you know what I'm talking about. If we can offer them a set of experiences which results in their actually having a good time, then we're helping them build up a more positive outlook and a more positive self-image. And besides that, we're providing them with a set of experiences or knowledge they can fall back on when they do return to the community. Thus, I believe that we're not really just artifically protecting the kids by minimizing problem areas through activities. We're helping them grow.

Let me give a few examples before we go on to the second strategy. If we have a group of children who cannot control their impulses long enough to wait their turn to bat or who cannot stand in the fielder's positions, then we surely won't insist on their playing regulation baseball every day. Or, if we have a teenager (or a group of them) who constantly turns competition into fighting or who tears the cottage apart after losing a baseball game, we surely won't insist on his participating in team sports as his recreation. In both these cases, we would be forcing the children into activities which hold no promise of success for them - situations in which they would repeat their pasts in a vicious cycle.

[OVERHEAD II - 2]

Therapeutic Strategies: Maximizing

Both of these examples also point us toward the second strategy we mentioned above, maximizing growth-stimulating activities. The description of that strategy is the second part of my reply to the charge that we're protecting the children.

In designing a total program, we not only pay attention to minimizing problems, we also look for opportunities to help the children grow. Thus, in the examples given below, we don't want to let the situation remain as it is. Rather, in a deliberate, planned sort of way, we would seek ways that the kids could improve. In the first example, with the impulsive children, we might only demand that they assume a role and wait for a very short period of time, such as in a relay race or in tag. That way they can release their impulses quickly, but some degree of organization and control is placed on them. In the second example, we might try to involve the aggressive teenager in a less "loaded" activity, such as track or swimming, where he's still competing - but not as intensely. Then, a gradual buildup to team sports could be devised (e.g., through 1/2 court 2-on-2 basketball, with a CCW as a teammate).

But notice that some of this growth-stimulating effort is already contained in our first strategy. By giving children positive experiences, we're stimulating growth. For example, by building up their capacity to compete we are minimizing negative experiences. You can therefore see what was meant before when it was said that the two strategies are two sides of the same coin. The coin is therapeutic programming.

There is a tremendously important consequence of using these two strategies that has to be mentioned. By intentionally structuring a program in the way we're talking about here, we are forced to reevaluate all our old stand-by activities in the light of programming for growth. Some activities we use are games we ourselves played as children or ones we just feel are "good for children." They all have to be examined in light of the goals we have for the children in our care.

That is, we have to ask of each of them, "Is this game or activity good, in a therapeutic sense, for these children at this stage of their individual or group development?" In the end, we may have to abandon some of our favorites, and some we will retain. But the result will be more professional child care work, which means improved care for the children.

Developmental Areas Supported

Naturally, with a little imagination one could think of a long list of particular skills and general abilities that could be strengthened and developed by using the right combination of activities. Due to time limitations, we can only look at several of the more general areas.[3]

1. Programming for Ego-Support

   Actually, this is Fritz Redl's term for all of therapeutic programming.[4] What it means, briefly put, is using activities to focus and develop the child's understanding of the real world. "The psychological characteristics necessary for this understanding to take place are called ego-functions." Through the skillful design of a program, CCWs can aid children in the development of awareness of the world and its features, the ability to accept pleasant experiences, and the ability to tolerate frustration.[5]

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[3] Karen Dahlberg VanderVen, "Activity Programming," in Child Care Work with Emotionally Disturbed Children, by Genevieve W. Foster, Karen Dahlberg VanderVen, Eleanore R. Kroner, Nancy Trevorrow, Carbonara, George M. Cohen (Pittsburgh: University of Pittsburgh Press, 1972), p. 208.

[4] Fritz Redl and David Wineman, The Aggressive Child (New York: The Free Press, 1959), pp. 318-394.

[5] Vanderven, op. cit., pp. 208-210

We have already seen how an activity might improve children's ability to have positive experiences. Recall also that by using a game which has no long waiting periods, CCWs can help children develop their frustration tolerance.

2. Programming for Self-Expression

The area which comes to mind here is arts and crafts, in which children can draw, paint, etc., according to the way they feel. But other activities can function this way too: active games can be used for the appropriate draining of anger, for example. And situations which arise in almost any other activity can be used to teach appropriate means of recognizing feelings.

3. Programming for Self-Esteem

Actually, we've already discussed this when we said that therapeutic programming can build up a range of positive experiences for the child. As he accumulates these experiences, the child begins to see himself as a person capable of having positive encounters. In short, his self-image improves.

4. Programming for Social Skills

Obviously, social situations are built right into child care agencies. But we all know that many of our children have "poor peer relations" and/or an inability to relate to adults. By carefully structuring group activities - perhaps giving each child a separate task on a joint project - CCWs can help children grow in this important area. And as the positive experiences get built up, the children can come to associate the pleasant activities with their group.

Conclusion

One word of caution is in order here. Program activities are only one part of a whole range of services agencies like ours offer children. They are not cure-alls or instant successes. Even the conscious use of them as therapeutic tools is a hard road, filled with trial and error, success and failure. One success or one failure does not signal the end of the road. Rather, programming in the sense we've been discussing it must be an ongoing facet of our total effort for the children.

Clearly, we've only begun to scratch the surface of these various therapeutic functions of activity programs. We cannot go into depth here, but we can appreciate their significance for us and the children we care for.

Overhead II - 1

Strategies of Therapeutic Programming

Strategy	Goals
1. Minimizing problem situations	Provide child with group of positive experiences Change his/her view of world Change his/her view of self Growth, development, self-control
2. Maximizing growth situations	Increase child's range of experience Improve world image Improve self-image Growth, development, self-control

Overhead II - 2

Developmental Areas Supported by Therapeutic Programming

1. Ego-strength
2. Self-expression
3. Self-esteem
4. Social skills

Other Materials for Part II

THERAPEUTIC PROGRAMMING

Individual exercise at beginning of session: Rank Ordering (see p.42)

Questions for Rank Ordering: [The group leader may choose some of these or devise his own. See directions, p. 42

1. What would you rather see a group of 12-year-old boys doing?

_____sewing
_____cooking
_____watching Yankees baseball

2. What would you rather use as an activity for boys in autumn?

_____football
_____baseball
_____hiking

3. Which would you rather see teen-aged girls involved in?

_____basketball
_____listening to records
_____carpentry
_____cooking

4. What would you rather have impulsive kids play?

_____football
_____relay races
_____tag

5. Assume you've heard rumors of sexual activity from your group of teenagers. What would you rather do with them on a free evening?

_____play a vigorous basketball game
_____play monopoly
_____have a group discussion on sex

6. What would you prefer that a teenager does on a Friday night?

_____go out with the guys/girls
_____go out with a sexually active girl/boy
_____watch TV in the cottage

7. What would you do with your cottage basketball team after they lost "the big one?" (Or any one?)

_____return to cottage and watch TV
_____let everyone do what they want
_____have a "victory celebration"

8. What would you buy if you had $40 to spend for your cottage?

_____sports equipment
_____several excellent books designed for poor readers
_____all rock and disco records
_____some rock and some light classical music

9. If you had to plan 2 hours of activities for your agency on Sunday morning, which would you prefer the children to do?

_____campus-wide intramurals
_____free time for church services
_____sleep

10. Given a sudden open block of time, which would you plan for your group?

_____choose the activity that "worked" 3 times this week
_____choose something you've never done before
_____choose something the children have never done before

11. Which arts and crafts activity would you rather use for your group?

_____painting with watercolors
_____clay-work
_____lacing leather billfolds

12. For a withdrawn child, the best thing is:

_____mandatory participation in all group activities
_____playing records in his room
_____doing staff work which he enjoys

Note to the trainer:

These questions can provoke all sorts of responses. In order to help you use them better, the following is a brief description of each question's intent:

1. Here, the points are that boys also have to learn to cook; that there may be children who really need to work on eye-hand and fine motor coordination through activities such as sewing, etc.; that sex alone shouldn't determine activities; that sometimes Yankees baseball may be just the right thing, but not at other times.

2. Some children who need to be active may not be able to handle the body control and aggression of football or baseball; sometimes hiking might be best for such cases; sometimes we'd have a football game to challenge this kind of child.

3. Again, sex is not the only determinant of a good program; but cooking is a survival skill many institutionalized girls (and boys) need.

4. See #2; also, at various times we may want to use one of these games, depending on the children, etc.

5. Many child care workers avoid such hard issues and ignore or fail to exploit opportunities to "teach" the children. Instead, they often rely on distractions, etc.

6. All three of these problematic alternatives are presented to CCWs on many occasions. How the CCW handles them may be a reflection of biases, fear, and so on. These must be dealt with, though, in a nonthreatening way.

7. A group of institutionalized kids who can compete with other groups is a group of winners, and the CCW should tell them so, by words and by actions. That's why "victory celebration" is in quotes.

8, What values of the CCW are at work in such a decision? Is classical music an imposition of values or a widening of horizons? Which is better, books or baseball?

9. Intramurals might be mandatory for those on the teams. What chance do they have to go to church, then? Are church services important in child care work?

10. You know that a sudden block of time means something was cancelled. The kids may be angry. Which is best? Is this the perfect time to try something different or the worst possible time? Do you constantly rely on the tried and true or do you challenge yourself and your kids?

11. Do we choose activities that are neat or sloppy? Do the kids need expression or physical movement or fine motor coordination to make a Christmas present for their mothers? What skills have they?

12. At various stages, we might want to try any one of these. But which one and when?

Part II: THERAPEUTIC PROGRAMMING

Individual exercise for end of session - sample handout
(See p. 43)

Cedar Hills is a residential treatment center for boys and girls (ages 5-12) with serious emotional and behavioral disorders. There is a special education school on the grounds that most of the children attend. A heavy emphasis on therapy and chemotherapy is employed.

Randy, eleven, was placed at Cedar Hills because of his destructive behavior, which neither his parents nor the school could handle. Since kindergarten he has been labeled as a problem by his teachers, his behavior having included fights with peers and temper outbursts during which he sometimes destroyed property and physically lashed out at both adults and peers. As a nonreader, he is behind his peers in school work. He also has a short attention span and becomes easily frustrated when he cannot do the work.

Randy has been in placement three months and has continued to exhibit the previously described behavior. A recent neurological checkup did not reveal any evidence of brain damage or other trauma. He is difficult to control both in his residence and in school and has had to be physically restrained. He is the oldest in his group and many of his peers are intimidated by him. The possibility of medication has been raised, but there is staff conflict over appropriateness.

He has been able to relate to one male child care worker, but at this point it has not seemed to make a difference in his behavior.

Task:

Given this description of Randy, plus your knowledge and experience in activity analysis and therapeutic programming, design an activity program for Randy. Don't worry about things that you don't know about Randy. You have enough information and expertise to complete the task. Think about why you would recommend each activity.

Part II: THERAPEUTIC PROGRAMMING

Individual exercise for end of session - sample handout

Tree Top Village is a residential treatment center for disturbed children. Most of the children attend an on-ground special education school; a few go to various public schools. There is a large, full-time clinical staff, and all children receive some form of clinical services once a week. The agency is organized around a cottage system; each cottage is grouped according to similar emotional problems. The child care staff within each cottage have major responsibility for both cottage and activity programming.

Mohawk Cottage at Tree Top Village is a cottage for 10 boys ranging in age from 9 to 13 years. Mohawk is designated for acting-out, impulse-ridden latency-age boys. This particular group has been together for two months.

Task:

With the knowledge you have of activity analysis, therapeutic programming, and the information given, design an activity program for this cottage group. Don't worry about information you do not have. Work with what you have; you have enough knowledge and expertise to complete the task. Think about why you would recommend each activity you select. Mention the activity-setting dimensions for each activity you think is therapeutic for

this group. Tell why those dimensions help make your program therapeutic.

Part II: THERAPEUTIC PROGRAMMING

Individual exercise for end of session - sample handout

Pinehurst Center is a closed residential setting for delinquent boys, ages 11-17. Residential capacity is 60 boys, who are divided into four cottages, each with fifteen boys.

Pinehurst's treatment method is modeled on a combination of reality therapy and behavior modification. The boys begin with no privileges and are rewarded with more freedom as their behavior meets established expectations. The court placement period is generally for one year. This may be extended in special circumstances.

Johnny Jones is a 16-year-old male who was an adjudicated delinquent six months ago. He was placed at Pinehurst because of a long record of previous offenses. His last offense involved a stolen car and a police chase. Other activities in which he has been involved are theft, truancy, street fighting, and possession of marijuana. He was involved with a group of delinquent boys but had no close friends.

Upon placement, Johnny was sullen and rebellious, but not violent. He began to make some adjustments, but for no apparent reason he recently attacked a male child care worker with a knife. The worker was not injured, and after some commotion, Johnny was subdued. The social worker reports that he has talked of feeling trapped and has toyed with the idea of suicide.

At times, Johnny can be most charming and seems to comply with the staff. He has not, however, opened up to anyone at Pinehurst.

Task:

Given your knowledge of activity analysis, therapeutic programming, and the above information, design an activity program for Johnny. Don't worry about information you don't have. Work with what you have; you have the knowledge and expertise needed. Think about why you would recommend each activity you select. Mention the activity, setting dimensions for each activity that you think will be important for Johnny's program and why those dimensions are important in planning for Johnny.

Part III: Cottage Programming

Objectives: To increase CCWs's awareness of the therapeutic functions of cottage routines.
To increase CCWs's ability to use routines as therapeutic tools.
To stimulate CCWs's thinking about everyday events in terms of their psychological importance for children.

As a result of this session, participants will be able to:

- Define therapeutic cottage routines.
- Identify the tasks involved in cottage routines for both CCW and children.
- List the milieu aids a CCW can utilize within a routine.
- Design a cottage program that includes a list of activities (with activity dimensions; see Parts I and II), and a schedule of routines with specific technique and tasks and the therapeutic justifications of each.

Time: At least 90-105 minutes (1 hr. 45 min.).

Setting: Space is needed to show the film, if used, and space is needed for the small groups to function.

Materials: If film is chosen, projector, screen, film (Wake-Up) must be ordered in advance from Grove Press - Cinema 16, Film Library, 80 University Place, New York, N.Y. 10003 (212) 677-2400 (Rent $50) OR from State University Film Service, 1400 Washington Avenue, Albany, N.Y. 12222 (518) 457-3359 (Rental $5.75). Easel pad, magic markers, overhead projector, overheads, mimeographed handouts, blackboard, chalk, eraser.

Background: Like the first two sessions, this one also assumes and uses CCWs's experience and knowledge. It is an attempt to explain routine activities - e.g., wake-up - from a therapeutic standpoint. It might be argued that this topic is more a part of the "therapeutic milieu" than of activity programs. But activity programs in general are part of the milieu, and since cottage routines involve planned sequences of actions for the children, they are included here.

These routines can become a boring and taxing part of the CCWs's job. Many times these routines are mentioned when CCWs complain about feeling like baby-sitters. Thus, it is important that they see the real contribution these routines make to the children's well-being.

For a complete discussion of cottage routines, the trainer should consult:
Trieschman, Albert E.; Whittaker, James K.; and Brendtro, Larry K. The Other 23 Hours. Chicago: Aldine Publishing Company, 1969.
Bettleheim, Bruno. Love is Not Enough. New York: The Free Press, 1950.

Cottage Programming

Design and Summary

A. Introduction	Time
The trainer describes what will be discussed in this session and briefly explains its importance.	5-10 min.
B. Film: Wake-Up	5 min.

1. This film needs a brief introduction. If the trainer wants to use it, it is essential for him/her to preview the film at least once (the day before training, e.g.). CCWs often feel that the film demonstrates coddling the kids, which they see as ultimately unhelpful. The trainer should point out ahead of time that he does not intend the film to be viewed as the ideal style of waking up children. Rather, it is an example, perhaps exaggerated, which they can criticize, analyze, etc. To be sure that they view it analytically, the trainer can ask them to write down two or three good things about the style and techniques presented, as well as two or three bad things about the film.

2. The Film Itself 30 min.

With all these cautions, it may seem as if the film is not worth the trouble of getting. However, it is a very stimulating movie, and when the leader focuses the resulting discussion, Wake-Up becomes a valuable teaching tool. It is recommended for such use.

C. Discussion 15 min.

Obviously this film will stimulate discussion. It is important to allow participants time to ventilate their reactions and then to channel the discussion toward consideration of the importance of how routines are designed and executed. There is a discussion guide for this exercise on p.84. Use blackboard or easel pad to record or outline the discussion.

IF THE FILM IS NOT USED

A session without the film has the same design as it does with it. The only difference is the substitution, at the beginning, of a large group discussion (see below). Or, if the trainer desires, he may begin with the lecture, leaving time for discussion afterwards, and then proceed to the group sessions.

Large group discussion

The purpose of this discussion is to focus attention on the various components of daily routines. The questions a leader may use to stimulate discussion should elicit the participant's knowledge of such routines, with an eye toward the points covered in the lecture. Again, depending on the leader's desire, this give-and-take can be extended and the material from the lecture covered in a more informal way. A discussion guide for this exercise is on p.85. The blackboard or easel pad can be utilized to record or organize this discussion. From here, the session follows the design given below.

D. Lecturette — 20 min.

This lecture is designed to outline and describe the various elements contained in typical daily routines and the "tools" a CCW has to work with in designing and using those routines. It also describes the sense in which the routines are therapeutic. As with the lectures in the previous sections, this one may be used as is, or replaced by one of the trainer's own, or replaced by a give-and-take discussion, depending on the trainer's preference.

E. Small Group Activity — 15 min.

The purpose of this activity is to apply the knowledge from the participants' experience, from the discussions, and from the film, to the task of analyzing and designing a cottage program.

Divide the group randomly into groups of 4-5. Explain their tasks and give them the handouts (samples on pp. 86-88), easel-size paper, and markers for recording their responses. One-half of the groups can analyze the sample program, giving positive and negative points about it. The other half of the groups can design a timed sequence of events for a typical school day. It's a good idea to circulate among the groups and intervene, if necessary, to keep the discussion on target.

F. Large Group Discussion — 15 min.

After the groups are finished with their assignments, the trainer reconvenes the large group. At this point, participants are shown what the two different assignments were. A discussion of the various pros and cons of the given daily schedule and of the proposed schedules follows, with a focus on the reasons why one or another aspect is good or bad for the group of children described.

G. Final Session 15 min.

The trainer can use this time for a conclusion to all three sessions. One possible activity is to ask participants to list (for themselves) five things they learned or discovered or re-learned about programming or about themselves as individuals. Then volunteers can share their lists; discussion follows. Another possibility is to discuss how and why the sessions fulfilled or did not fulfill their expectations. In this kind of session, the trainer must be prepared to accept criticism of himself and/or the training.[1]

At this point, it would be well if the trainer emphasized that:

1. Programming is not a cure-all for children's problems. It is one part of a whole group of professional child care methods.
2. As such, it is part of the therapeutic milieu, part of child care treatment, dependent on CCW-child relationships.
3. It has been isolated in these sessions so we can focus on it in discussion, but in practice it is interwoven with the rest of the milieu.

125 min.

[1] Any suggestions the trainer or participants may have for improving this module can be sent to the author in care of the Project (see title page).

Cottage Programming: Resource Paper/Sample Lecture

I. Introduction

A. Why have a session on routines?
B. What are therapeutic routines?
C. What is professional child-care approach?

II. Tasks Embedded in Routines

A. What CCWs have to do.
B. The over-use of routines.
C. What the children have to do.

III. The Therapeutic Dimension of Routines

A. Teaching
B. Structure
C. Prevention/control
D. Cautions

IV. Transition Times

V. Describing Problems

A. Categories
B. Aids

VI. Conclusion

Introduction

You might still be asking yourself why we're spending a whole training session on daily cottage routines like wake-up and bedtime. These are things we do every-day, so it might not seem like an important area for training. But even though we put the children through these things each day, it helps to step back occasionally to maintain our perspective on them. Besides, let's face it, these are often the very things that get to us when we feel that we're almost like "babysitters." The day-in, day-out repetition of these things can get boring after a while. But exactly because routines can be boring, we have to keep them in perspective. What are they? What do they accomplish? How can I use them better? Why bother? These are some of the questions we find ourselves asking when we feel depressed about routines. These questions are also some of the ones discussed in this session.

Possibly, by taking a close look at these routines, we might gain a new perspective on them: a view of their therapeutic importance. We all know that the routines help us "get the kids through the day." They can also help the kids get themselves through the day. In other words, they can help the children accomplish what to them might seem like very difficult tasks. Put still another way, the routines can be therapeutic tools. And even if you already are clear about how these routines can be therapeutic, the session can provide you with a useful review or supplement to your knowledge.

The approach stated here is an attempt to view the routines in a systematic way. I believe that by looking at the everyday elements of child care systematically, we are taking a more professionalized approach, gaining a framework of ideas common to child care workers; we are thereby improving the system of care we are able to offer the children, and that is what these training sessions are really all about.

Tasks Embedded in Routines

Let's take a close look at one daily routine, bedtime. From the child care worker's standpoint, what has to be done? Well, we have to get the children undressed, get them to take baths, showers, get them into their pajamas, maybe give them snacks and watch TV for awhile, get them into bed, and get them to sleep. Multiply that task by 8 or 10 or by 16 children, and that's quite a tall order. No wonder CCWs invented routines! How else could all that be done under the supervision of one or two people? This much is therefore obvious about the routines: they help us manage the children and accomplish what must be done at a given time.

This great aid CCWs find in routines has, in some places, led them to assume that routines are the answer to all the work we do. Thus, in some institutions daily life for kids is over-regulated. Though it is somewhat outdated and dramatized, the orphanage scenes in the musical Oliver present the use of routine in this exaggerated way. But that long-ago scene is sometimes repeated today, though not in as extreme a form. Just as an example, I heard of a children's institution at which the boys (ages 10-14) were made to stand in line outside the cafeteria while awaiting their meals - no talking in line and no talking at the table! The practice continued until the agency was closed recently.

I only bring up this terrible example because it illustrates an important point about routines: they are a tremendous help to CCWs in some difficult situations, but it is essential that we not overuse them. If we do overuse them, we make the child a robot. Thus, when I speak of routines, here, I mean a reasonable use of routines - a use which benefits all concerned - and not a rigid sequence of events that becomes more important than the people who live with them.

Now, back to bedtime. We've spoken of the CCWs's job, but what do the children have to do? Well, physically they have to do those things already mentioned: they have to get undressed, take a bath, get dressed, get into bed, go to sleep - just like us when we get ourselves ready for bed. Why, then, is it sometimes hard for them to do these simple, everyday things that we adults take for granted? And I don't think anyone who is a CCW would deny that the children sometimes find it hard to get to bed!

For one thing, take a look at the home situations many of them come from: in many cases, they were so unsupervised or unwilling to be supervised by their parents that they hardly ever had to go to bed at a particular time in a particular way. Or, for some, what makes it hard for them to go to bed is the very fact that they are away from home. Going to bed in this place which is not home can be an unsettling reminder of the separation they constantly live with. This kind of consideration points out that bedtime also has psychological tasks for children.

[OVERHEAD III - 1]

There are others still to be mentioned. Because of prior experience and a resulting chaotic view of the world, many of our children feel that any gratification the world gives might not be around tomorrow. Thus, they are reluctant to delay or let go of gratification at bedtime. But we ask them to do so. We also ask them to surrender activities, to stop doing whatever they're doing. While they are with adults, they are somewhat protected from others (whom they might view as hostile), from themselves, and from their own impulses. At bedtime they must give up this protection and withdraw from the adult-shared world. "Withdraw" is a key word here. The bedtime routine marks a transition for them between wakefulness and sleep. A good, general description of this transition is that they have to withdraw their attention to an investment in the external world and focus on the internal in order to sleep. In itself that is a complex task.

There are also tasks for both CCW and children associated with other daily events:

At mealtimes there are several things we have to attend to. From your experience, you know that the children are often reluctant to come to the table. They linger, tarry, procrastinate, digress. Unless they are very hungry, the fact that it is suppertime often represents an adult demand to stop. Many times such demands are resisted or ignored, as you know. In addition, there are the issues the children face in regard to accepting, handling, passing, and eating food. Such actions - taken for granted by adults - raise different problems for different children. All of them face dependency issues in accepting food from strange adults. Also, the handling of food can be very stimulating for children, presenting them with many temptations. Such are some of the psychological obstacles connected to mealtimes.

In regard to wake-up time, the issues here are the reverse of those connected with bedtime. The children have to surrender their fantasy world, the world of dreams, and resume dealing with a world they may view as hostile or uncaring. Again, dressing may pose special problems for some children. And waking up in a place that is not their home revives the pain of separation, forcing them to accept a social world - the agency - they did not choose or make. No wonder mornings can be difficult.

[OVERHEAD III - 2]

The Therapeutic Dimension of Routines

We can see, then, that there are considerable demands placed on children at bedtime and at other important times in their day; there are demands especially on children who are away from and coping with more or less difficult problems. We know that a routine will help us get them to bed. A routine helps them in various ways.

[OVERHEAD III - 3]

For one thing, routine teaches them how to get ready for bed. While this might seem like a trivial matter to us, for many of our children it is not. Rather, it is a skill they lack. By fitting into the routine of bedtime, they learn a life-skill they can use all their lives. In this way, the routine promotes learning and growth.

Because of the repetitiveness of the routine - if it's used night after night - a child can begin to see a pattern, an order, in his or her life, where once there may well have been chaos. Because they present a pattern, routines can be reassuring to the children. Thus, they can help a child control his or her own fear or anxiety-related impulses. Over a period of time, after consistent exposure to bedtime routine (and to wake-up routine the following morning), the participation in a routine can help prevent acting-out behavior associated with such feelings. In short, a bedtime routine can give a child a sense of security. Described in this way, routines are indeed therapeutic tools. They help children grow, develop, and acquire life-skills for dealing with their world.

Here we have to caution ourselves again. In all of this, "routine" does not equal a rigid sequence of events; rather, it should be a regularized structure or a predictable sequence of events for both the CCW and the children. Our emphasis within that structure should be on the child's success and growth; the emphasis should not be on doing things the way we've always done them. To use a trivial example, it really makes little therapeutic difference whether a child brushes his teeth before or after snacks. If a child wants to do it in one sequence rather than another, we can start there. After the skill is established, we can teach dental hygiene.

There are similar therapeutic dimensions associated with the other two major events of any day - wake up and mealtimes. The regularity presents a pattern and can help relieve anxiety and prevent resulting negative behavior, thereby increasing the children's skills in coping. When anxiety is relieved, security results. Such benefits go a long way toward preparing a child for permanent living in the community.

It would be a mistake, however, for us to assume that routines alone are enough. All the various parts of child care practice must also be a part of the child's life with us. Routines - or, for that matter, any tool taken by itself - is not sufficient for the tremendous task we face.

Transition Times[1]

Talking about routines brings to mind the short times between events; e.g., between having lunch and returning to school, or between ending the afternoon activity and having supper. Some of these in-between times are associated with a particular routine - such as the time between getting dressed and having breakfast that is part of wake-up. When transitions are part of a routine, they can be handled by associating a particular activity for them - for example, "After you wash your hands, you can watch TV before supper." At other points, there are short transition times that must be handled differently.

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[1] Bruno Bettelheim, Love Is Not Enough (New York: The Free Press, 1950), Ch. 5, "The In-Between Times," gives a detailed discussion of this important topic.

In some ways, planning for or anticipating these transitions is a key to a successful activity, meal, bedtime, and so on. Redl and Wineman point out that the action patterns of an activity can stay with children after it is over.[2] To take a simple example: Children don't stop running immediately at the end of a game of tag. They tend to run to the door or to the locker room. So CCWs have to be aware that the transition between events has to be used to prepare the children for what's coming.

Again, this is something you already know how to do. Few CCWs allow their charges to play basketball or wrestle just before bedtime. Such activities are too stimulating; before bedtime is usually reserved for quieting down - in other words, for a transition activity. For transitions that occur on the spur of the moment - such as when supper is late - CCWs can have a store of quick, short games in mind so the waiting does not mean idle time for impulses to build up.

This description is admittedly quite brief, but transition-time activities had to be mentioned as an important part of our cottage routines.

Describing Problems[3]

How do you deal with problems within routines? Again, as CCWs this is something you have to do every day. But here we're going to look at it more systematically than we could on the spot. In this discussion, we're talking about something that seems to be occurring often.

[OVERHEAD III - 4]

First of all, you've got to be clear about what it is you're dealing with. Thus, you can describe the behavior in the following way:

1. When Does It Occur? At what point in the routine? For example, in speaking of a bedtime problem, does it occur before the child gets to bed or after he's in bed and the light is out? The difference is that the when of the behavior could indicate different problems.

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[2] Fritz Redl and David Wineman, The Aggressive Child (New York: The Free Press, 1957), pp. 363-369.

[3] Albert Trieschman, "Understanding the Nature of a Therapeutic Milieu," in The Other 23 Hours, by Albert E. Trieschman; James F. Whittaker; and Larry Brendtry (Chicago: Aldine Publishing Company, 1969), pp. 11-17 and 153-158.

2. Who and With Whom? What child/children are involved and what/which care worker(s)? It could be a problem a child has in relation to another child, or by himself, or with you or with another counselor. It's important to know.

3. How Is It Done? Is it loud and wild, quiet and deliberate, etc.? These too make a difference in deciding what to do.

4. Level of Behavior - Does the behavior represent a regression to a more immature stage or level? It could represent unresolved fears or age-appropriate mischief.

5. Defense Mechanism - That is, how is the child trying to cope? For example, is he inventing bogeymen who inhabit the dark? Is he blaming others for his lack of self-control, etc.? (Here is an important point of contact between the CCW and the psychologist. The child care professional and clinician can discuss the problem from this standpoint in order to arrive at a closer response.) Defenses are not necessarily abnormal. We all use them. Here we want to know which ones the child(ren) in question uses.

It's not easy to use these categories, especially the last two. But using these categories points toward a more systematic, professional response to the problems we have to deal with.

Once we have described the behavior, what can we do about it? Naturally, in a training session we can't specify all the important factors that would answer that question, but for the CCW there is help within the therapeutic milieu:

1. The relationship between the CCW and the children is perhaps the most significant tool we have to work with.

2. The routine - Sometimes just seeing other children carry out the routine reassures a child and carries him through a difficult time.

3. The child himself - Every child has strengths; it is part of a professional CCW's job to know the child well enough to help the child use them. At times this might simply mean reassuring the child that he can do or has done what is expected of him.

4. The group - The other children can be a tremendous help in reassuring new children, policing one another, helping out in times of stress, etc.

These tools are too briefly described here, but they are the sources of help and support a CCW has within his daily routines - and at any other time - that can be relied upon, developed, and exploited.

Conclusion

This, then, is a general overview of the therapeutic dimension of cottage routines and some tools to use in handling related problems. As I mentioned before, they do not provide us with all the answers we need. But they do give us a useful, powerful starting point.

OVERHEAD III - 1

The psychological tasks facing the child at bedtime:*

Disrobing and bathing can be problems for some	)	Withdraw attention from the external world and focus on internal world
Accepting limits	)	
Dealing with separation from home and family	)	
Postponing/surrendering gratifications	)	
Surrendering activities	)	
Withdrawing from adult-shared world	)	

*Based on James Whittaker, "Managing Wake-Up Behavior," in The Other 23 Hours, (Chicago: Aldine Publishing Company, 1969)

OVERHEAD III - 2

Psychological tasks facing the child at mealtime:

Postponing activities - or private world (adult demand to stop)
Accepting, handling, passing, and eating food (dependency issues, symbolism, weapons)

Psychological tasks facing the child at wake-up:

Surrendering fantasy world)
Facing a world viewed as hostile or indifferent) Surrender attention to the internal and focus on the external.
Dressing)
Accepting social world of agency)

OVERHEAD III - 3

Therapeutic dimensions of routines:

- Teaching of skills)
- Patterns, order)
- Self-control) equal security
- Prevention)

OVERHEAD - III - 4

Describing the behavior:

When?
Who and with whom?
How?
Developmental level?
Defense?

Possible Aids:

Relationship between CCW and child
Routine
The Child
The Group

Other Materials for Part III

Guide for discussion Following WAKE-UP

1. What are some of the things you didn't like about the film's viewpoint?

2. What are some of the things you didn't like about the CCWs's techniques?

3. What are some of the things you did like about the film's viewpoint?

4. What are some of the CCWs's techniques you did like?

5. If your child were at a residence for the "emotionally disturbed," how would you expect him or her to be awakened?

6. What do the children have to do physically at wake-up?

7. What do the children have to do psychologically at wake-up?

8. What does the CCW have to do at wake-up?

9. How can the CCWs's actions help the child at wake-up?

(From here, the trainer can go into the material of the lecture.)

Guide for Discussion as Substitute for Film

1. What are some of the daily routines children in care go through? (Basically, these would boil down to wake-up, meals, and bedtime, plus school and free-time activities.)

2. What are some of the physical tasks children have to do within the routine of wake-up, for example?

3. What are some of the psychological demands children have to cope with at bedtime?

4. How can the CCW help support the child in these tasks?

5. If your child were at a residence for the "emotionally disturbed," how would you expect him or her to be awakened, for example? Put to bed?

From here, the trainer can move into the material covered in the lecture.

Part II, Cottage Programming: Small Group Activity at end of session - Sample Handout

MOHAWK COTTAGE LIFE

Tree Top Village is a residential treatment center for disturbed children. Most of the children attend an on-ground special education school; a few go to various public schools. There is a large, full-time clinical staff and all children receive some form of clinical services once a week. The agency is organized around a cottage system; each cottage is grouped according to similar emotional problems. The child care staff within each cottage do have major responsibility for both cottage and activity programming.

Mohawk Cottage at Tree Top Village is a cottage for 10 boys ranging in age from 9 to 13 years. Mohawk is designated for acting-out, impulse-ridden latency-age boys. This particular group has been together for two months. The cottage staffing pattern consists of a child care supervisor and 4 child care workers, 3 full-time and 1 part-time. Sleep-ins are handled on a rotating basis; the sleep-in person handles morning routines.

Typical School Day Cottage Program

7:30 A.M.	Sleep-in child care worker and housekeeper on duty
7:30 - 8:30	Wake-up, A.M. routines, breakfast
8:30	Leave for school
3:00 P.M.	1 CCW on duty
3:00	Children arrive home from school
3:00 - 3:30	Change of clothes, snacks
3:30 - 4:50	Outdoor activities (including intramural cottage athletic games 2 times a week)
5:00 - 5:30	Supper
5:30 - 6:00	Chores; free activity time
6:00 - 7:00	Homework
7:00	Second child care worker on duty
7:00 - 7:30	Arts and crafts, quiet games
7:30 - 8:30	TV, baths
8:30	Snacks, bedtime routine
9:00	In bed and settled

Task:

Given your experience and what you know about therapeutic programming and cottage routines, analyze and criticize this program. Include activity dimensions considered important and the therapeutic aspects of the routines.

Pick someone to record the group's response and someone to present that response to the rest of the participants.

Part III, Cottage Programming; Small Group Activity at end of session - Sample Handout

MOHAWK COTTAGE LIFE

Tree Top Village is a residential treatment center for disturbed children. Most of the children attend an on-ground special education school; a few go to various public schools. There is a large, full-time clinical staff and all children receive some form of clinical services once a week. The agency is organized around a cottage system; each cottage is grouped according to similar emotional problems. The child care staff within each cottage do have major responsibility for both cottage and activity programming.

Mohawk Cottage at Tree Top Village is a cottage for 10 boys ranging in age from 9 to 13 years. Mohawk is designated for acting-out, impulse-ridden latency-age boys. This particular group has been together for two months. The cottage staffing pattern consists of a child care supervisor and 4 child care workers, 3 full-time and 1 part-time. Sleep-ins are handled on a rotating basis; the sleep-in person handles morning routines.

Task:

Given your experience and what you know about therapeutic programming and cottage routines, design a cottage schedule for a typical school day. Include wake-up, mealtime, bedtime, staff schedule, playtime, homework time, etc. Include activity dimensions considered important as well as the therapeutic aspects of the routines. Pick someone to record the group's response and someone to present that response to the rest of the participants.

APPENDIX

The following sessions are from Paul David, ed., A Guide to Training in the Human Services, Paul David, Northwest Social Systems Press: Used by permission.

TITLE: ASSESSING TRAINING NEEDS (GROUP SESSION 1)

GOALS: To determine what specific training is most needed and wanted in the eyes of the participants

To involve the participants in the planning of the training program

MATERIALS: Newsprint, markers, scratch paper

TIME: Approximately 3 hours

SETTING: One large room with moveable chairs and sufficient space for several small groups to work simultaneously without distraction

BACKGROUND: This is an example of a session designed to encourage trainees to estimate their own training needs.

It is appropriate for homogeneous groups (identical or very similar jobs). In this example, all participants are assumed to be Outreach workers.

In general, it illustrates the three basic steps of the needs assessment process: 1. setting up a "model" - in this case, the model Outreach worker; 2. providing ways of measuring participants' present levels of skill and knowledge as compared to this model; 3. grouping and prioritizing the training needs revealed in Steps 1 and 2.

Session Design and Content Summary	Time
INSTRUCTIONS: SMALL GROUP DISCUSSION The group is divided into small groups (4-5). Those who are relatively inexperienced are asked to begin to describe the "model" Outreach worker by imagining themselves as members of the community and discussing the following question: AS MEMBERS OF THE COMMUNITY, WHAT WOULD WE EXPECT?	30-45 min.

Those who have some experience on the job also work on this "model" by imaging themselves as supervisors and discussing the question:

AS SUPERVISORS OF OUTREACH WORKERS, WHAT WOULD WE EXPECT?

Both groups are to list on newsprint, three things:

1. WHAT WE WOULD EXPECT AN OUTREACH WORKER TO KNOW

2. WHAT WE WOULD EXPECT AN OUTREACH WORKER TO BE ABLE TO DO

3. WHAT ATTITUDES WE WOULD EXPECT AN OUTREACH WORKER TO HAVE

GENERAL DISCUSSION 30-45 min.

All groups post their lists and the trainer leads the group in clarifying them. Using all lists and adding items when necessary, the trainer leads the groups in combining data to form one comprehensive "model" of an Outreach worker's knowledge, skills, and attitudes.

(NOTE: For this discussion, the trainer should be familiar with appropriate job descriptions and available task analyses.)

ASSESSMENT OF NEEDS 20-30 min.

The trainer then asks participants to examine the "model" item by item and to jot down on scratch paper those items they feel they need to know more about, develop better skills, or work on.

(NOTE: At this point, the trainer may wish to insert one or more exercises, tests, and so on to help trainees assess their needs in specific areas, or he may point out that these will follow at a later time.)

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GROUPING AND PRIORITIZING 30-40 min.

Each participant is then asked to pick 5 specific items he or she most wants to work on. Small groups of 3-4 are formed and each group asked to agree on 4 items they would most like the training program to deal with. Those items are then posted and discussed in the general group with a focus on clarifying their meaning and importance to the participants.

FINAL DISCUSSION 15-20 min.

The session ends with a brief discussion of the participants' reactions to what was accomplished, particularly what they may have learned about their job, what they expect from the training program, and what they feel about their own roles as participants. The trainer might emphasize each participant's responsibility for achieving his or her own goals in the training program.

TITLE: ASSESSING TRAINING NEEDS (GROUP SESSION 2)

GOALS: To determine what specific training is most needed and wanted in the eyes of the participants

MATERIALS: Newsprint, markers (or chalkboard), scratch paper

TIME: Approximately 3 hours

SETTING: One large room with moveable chairs and sufficient room for several small groups to work simultaneously without distraction

BACKGROUND: This is another example of a session designed to encourage trainees to discover and articulate their training needs. As an example, it may need to be revised according to the trainer's needs and preference and the time, place, groups, and agency involved, etc.

This session assumes only that all participants work for the same, or very similar, agencies. Otherwise it can be used with virtually any group of trainees, including supervisors and administrators.

Session Design and Content Summary	Time
INTRODUCTION	10-15 min.

The trainer explains the purpose of the session to assess the training needs of the group, pointing out:

THE NEED TO MAKE THE TRAINING PROGRAM REALISTIC FOR TRAINEES

THE OPPORTUNITY THIS SESSION PRESENTS FOR PARTICIPANTS TO HELP PLAN THE PROGRAM

BRAINSTORM EXERCISE 10-15 min.

After explaining the procedure for "Brainstorming," the trainer asks the entire group for responses to the following:

> WHAT IN GENERAL TERMS IS YOUR PROGRAM (AGENCY, UNIT, ETC.) TRYING TO ACCOMPLISH? WHAT ARE ITS GOALS?

DISCUSSION 30 min.

The trainer leads the group in clarifying their responses, making them as explicit and specific as possible. He helps the group to prioritize them.

SMALL GROUP DISCUSSION

The trainer breaks participants into small groups (4-5) and asks each to consider the goals listed above, listing those things that help and those things that hinder achievement of the goals.

He points out that participants should keep in mind the following kinds of influences:

1. Staff skills or lack of skills
2. Staff attitudes toward work, toward people
3. Procedures, organization, ways of doing things
4. Community attitudes
5. Knowledge or lack of knowledge

During this discussion, the trainer clarifies instructions, encourages participation, etc., as necessary, but otherwise observes groups for communication skills, levels of knowledge, cooperation, etc.

REPORT AND DISCUSSION 30-40 min.

The trainer brings participants back together, asks each group to report, lists results on newsprint. He also leads the group in general discussion of the most important influences listed.

If appropriate, the trainer points out that:

(1) TRAINING CANNOT DEAL WITH THE FOLLOWING KINDS OF PROBLEMS:
   A. AGENCY POLICY
   B. STANDARD PROCEDURES
   C. STAFF ORGANIZATION AND JOB ASSIGNMENTS
   D. INADEQUATE MATERIALS, EQUIPMENT, ETC.
   E. OTHER SPECIFIC PROBLEMS

(2) TRAINING CAN DEAL WITH MOST PROBLEMS THAT CONCERN:
   A. INFORMATION (KNOWLEDGE)
   B. SKILLS (HOW TO DO SOMETHING)
   C. ATTITUDES (FEELINGS, COOPERATION, COMMUNICATION, ETC.)

SMALL GROUP DISCUSSION — 20 min.

The trainer asks small groups to list what each group agrees should be dealt with in training and what specific "training needs" they have.

DISCUSSION

The trainer posts the results of small group discussions, leads the group in clarifying, filling in, explaining details of listed training needs. He ends by summarizing the results as he understands them.

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